

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. 105	
1. PLACE OF DEATH		County <u>Graham</u> State <u>ARIZONA</u>		Registered No. <u>41</u>	
Township <u>Central</u>		or Village <u>Central</u>		or City <u>Central</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
Length of residence in city or town where death occurred <u>8</u> yrs. <u>8</u> mos. <u>8</u> ds. How long in U. S. if of foreign birth <u>8</u> yrs. <u>8</u> mos. <u>8</u> ds.					
2. FULL NAME <u>Maridith Taylor Crow</u> How long in State when death occurred? <u>8</u> yrs. <u>8</u> mos. <u>8</u> ds.					
(a) Residence: <u>Central Ariz</u> (Usual place of abode)					
(If non-resident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ella May Crow</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar 11-1889</u>					
7. AGE		Years <u>51</u>	Months <u>1</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or Country) <u>Gainesville Texas</u>					
13. NAME <u>J. S. Crow</u>					
14. BIRTHPLACE (city or town) (State or Country) <u>Ida</u>					
15. MAIDEN NAME <u>Minnie Henry</u>					
16. BIRTHPLACE (city or town) (State or Country) <u>Ida</u>					
17. INFORMANT <u>Ella May Crow</u> (Address) <u>Central Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Central Ariz</u> Date <u>May 4, 1940</u>					
19. EMBALMER { License No. Signature <u>W. E. Ranson</u> FUNERAL DIRECTOR <u>W. E. Ranson</u> Address <u>Central Ariz</u>					
20. Filed <u>May 11, 1940</u> Registrar <u>W. E. Ranson</u> (Address) <u>Central Ariz</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 3, 1940</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 19 <u>40</u> , to <u>May 3</u> , 19 <u>40</u>					
I last saw him alive on <u>5-2</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>3:00</u>					
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>					
Date of Onset <u>4 years</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place <u>no</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. E. Ranson</u> M. D.					
(Address) <u>Central Ariz</u>					